Department of Veterans Affairs **VHA DIRECTIVE 2002-030**
Veterans Health Administration
Washington, DC 20420 **May 29, 2002**

ELECTRICAL SAFETY POLICY FOR PATIENT CARE EQUIPMENT

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy on Electrical Safety for Patient Care Equipment.

2. BACKGROUND

a. VHA policy in the area of electrical safety for patient care equipment is defined by the industry consensus standards provided through the latest edition of the National Fire Protection Association (NFPA), NFPA-99, "Health Care Facilities," and the latest edition of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), "Accreditation Manual for Hospitals."

b. As the use of electromechanical and electronic medical devices began to spread in hospitals, early industry attempts were made in the 1970s to provide technical standards for the special situation provided by using electrical equipment in a health care setting (NFPA-76B-T). To ensure this evolving trend was appropriately addressed, the Department of Medicine and Surgery (DM&S) released a circular on patient electrical safety in September 1974. This document had similar technical requirements to NFPA-76B-T, with the circular emphasizing the unique VHA environment that included the emergence of the VHA Biomedical Engineering Program. As more information became known, other VHA publications were issued, including the incorporation of electrical safety requirements in the DM&S Supplement to MP-3, published in 1978.

c. The continued development of the Biomedical Engineering profession, both in the public and private sectors, has led to better understanding of the issues related to the safe use of medical devices in hospitals. Industry consensus standards, such as those produced by NFPA, have matured and are well accepted, as evidenced by the reference to the Life Safety Code (NFPA-101) in the 1995 edition of the JCAHO "Accreditation Manual for Hospitals." Furthermore, NFPA standards are revised and published every 3 years to reflect the current state of the industry. JCAHO standards are similarly revised on a regular basis.

3. POLICY: It is VHA policy to assure that electrical equipment used for patient care is managed in a safe and effective manner. ***NOTE:*** *The latest edition of NFPA-99, "Health Care Facilities," defines technical requirements and the latest edition of the JCAHO "Accreditation Manual for Hospitals" defines program requirements.*

4. ACTION: The facility Director is responsible for ensuring that:

a. The facility electrical safety policy for patient care equipment is updated to ensure consistency with the latest editions of NFPA-99 "Health Care Facilities" and the latest edition of the JCAHO "Accreditation Manual for Hospitals." ***NOTE:*** *Because previous VHA policy in this area has been based largely on these documents, only minimal changes should be required.*

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b. Program guidance is provided through periodic training sessions, written documentation, VHA telephone contact, or any other appropriate means for those areas in which there is a perceived conflict with other VHA policy. ***NOTE:*** *One area requiring guidance involves the use of isolated power in operating rooms and Cardiac Catheterization rooms. Operating rooms and Cardiac Catheterization rooms within VHA facilities are designated as wet locations and therefore, require Isolated Power systems consistent with Chapter 4, 4.3.2.2.9.4 in NFPA-99, 2002. Isolated power systems must be installed consistent with the National Electric Code 2002, Chapter 5, Article 517.160.*

5. REFERENCES

a. DM&S Supplement, MP-3.

b. NFPA-99 "Health Care Facilities."

c. JCAHO Accreditation Manual for Hospitals.

d. National Electrical Code.

6. FOLLOW-UP RESPONSIBILITY: The Office of the Assistant Deputy Under Secretary for Health (10N) is responsible for this directive. Questions may be directed to either 202-273-5881 or 202-273-5870.

7. RESCISSIONS: This VHA Directive will expire May 31, 2007.

S/Timothy L. Buckley for
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Under Secretary for Health

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